



**PRE-EVENT TECHNICAL
SANCTIONING PACKAGE APPLICATION**

Modified February 2019

Name of event: _____
Date of event: _____
Host Organization/Club: _____

To be submitted via email to Triathlon Manitoba at triathlon.ed@sportmanitoba.ca a minimum of 45 days prior to the event and must be accompanied by a \$500.00 sanctioning fee to the Triathlon Manitoba office. Post event reports are due 60 days after the event. The \$500 fee is 100% refundable if all sanctioning information is submitted on time and race equipment is returned in a timely manner and in good working order. If either the pre- or post-information is submitted late, \$100 will be subtracted from the deposit refund per late submission. If any equipment is returned late or damaged, the fee may be only partially refunded or not at all.

In order for Triathlon Manitoba to process your application as quickly as possible, a complete application package should be provided, *including all 5 course maps*. Incomplete documentation will cause a delay in approval of your submission.

Date submitted: _____
Prepared by: _____

Name of Event: _____ Date: _____

Location: _____

Race Director: _____ E-mail: _____

Contact Information: _____

Cell: _____ Home: _____ Work: _____

Type of Race: (Check all that apply)

- Sprint Triathlon Standard Triathlon Sprint Duathlon
 Standard Duathlon Long Course Triathlon Sprint Aquabike
 Standard Aquabike Cross Triathlon Try-a-Tri
 Other Please Specify): _____

Age Divisions: _____

Event Distances and Start Times

| | Race Type | Start Time | Swim/Run Distance | | Cycle Distance | | Run Distance | | Participating Athletes | |
|----|-----------|------------|-------------------|----|----------------|----|--------------|----|------------------------|----------------|
| | | | | | | | | | Expected numbers | Actual Numbers |
| 1 | | | | Km | | Km | | Km | | |
| 2 | | | | Km | | Km | | Km | | |
| 3 | | | | Km | | Km | | Km | | |
| 4 | | | | Km | | Km | | Km | | |
| 5 | | | | Km | | Km | | Km | | |
| 6 | | | | Km | | Km | | Km | | |
| 7 | | | | Km | | Km | | Km | | |
| 8 | | | | Km | | Km | | Km | | |
| 9 | | | | Km | | Km | | Km | | |
| 10 | | | | Km | | Km | | Km | | |

Race Director: _____ Race Day Cell #: _____
Swim Coordinator: _____ Race Day Cell #: _____
Transition Coordinator: _____ Race Day Cell #: _____
Bike Coordinator: _____ Race Day Cell #: _____
Run Coordinator: _____ Race Day Cell #: _____
Medical Coordinator: _____ Race Day Cell #: _____

Ambulance on site: Yes No

Nearest Hospital: _____

Hospital Phone #: _____

Has hospital been informed of event? Yes No

Are Police/ RCMP at major intersections: Yes No

Timing Company: _____

Name of Contact: _____ Cell: _____

Backup/Manual system being used: _____

SWIM COURSE

Swim Distance: (Check all that apply)

300 m 750 m 1500 m Other (Please Specify): _____

Explain how swim course is to be measured and laid out on race day:

Name of Lake /River/Facility: _____

How is water quality being assured? _____

What are expected water current/flow conditions on race day?

What do you expect the water temperature to be on race day (consider previous years)?

Is there an aid station provided after the swim? Yes No

Does your swim course have a cut off time? Yes No

If yes, please identify the time:

Sprint: _____

Olympic: _____

Other: _____

Numbered swim caps provided? Yes No

Number of wave starts: _____ **Participants per wave (maximum of 200):** _____

Swim start is: Beach start From Deep Water

Other: (Please explain) _____

Identified Hazards: _____

Number of Buoys: _____ **# of Small Size:** _____ **# of Large size:** _____

Distance (in M) to 1st turn buoy: _____

***TIP:** Large buoys should be placed at turning points on the course.
Recommend 300m before first turn buoy.*

Number of certified lifeguards: _____

(Please submit copies of lifeguard certification one week prior to event to triathlon@sportmanitoba.ca)

Number of swim volunteers: _____ **Number of motor boats:** _____

Number of paddleboards: _____ **Number of kayaks/canoes:** _____

Explain check-off system to account for all swimmers entering/exiting water:

Where is marshalling area - please indicate on map:

Number, location, and type of communication systems used:

Radios: _____ Cells: _____

(TIP: Lifeguards need to communicate with each other on the water as well as with medical team and swim coordinator – keep this in mind for planning purposes.)

Number, location and type of medical staff at swim start:

What are the swim rescue procedures?

Who is the designated lead for a swim rescue scenario?

Have the lifeguards and EMS personnel been informed of extraction point from water and movement across and on the Field of Play (FOP) in case of emergency evacuation of an athlete/spectator?

Yes No

***TIP:** Medical coordinator should be aware of emergency procedures in case of water or FOP evacuation*

Please include any other important information or comments:

Swim Map Check List

Please click next to each item that is included in your map.

- Cardinal directions (N,S,W,E)
- Direction/flow of swim (clockwise/counter clockwise)
- Swim exit
- Location of buoys (turn markers and sighting)
- Measurements between buoys
- Potential hazards – strong current, underwater hazards, docks etc.
- Location and number of water safety personnel and placement
- Location and number of boats, canoes, kayaks, paddleboards, jetskis
- Timing points
- Radios/cell phone locations
- Marshalling area (to corral/check athletes before entry to water)
- Medical emergency extraction point for lifeguards and EMS personnel to meet
- Duathlon start location (or on overall map)
- Duathlon route map – first run segment (or on separate map)

Things to consider:

1. Maximum of 200 competitors in the water at a time.
2. Swim caps should be bright colours to improve visibility in water. Consider having different colour swim caps for each race distance to better differentiate athletes (i.e. yellow – standard, pink – sprint, white – try-a-tri)
3. Do you have a copy of your lifeguards' certifications? Have on hand for race day.
4. How are you starting your races? Air horn, PA, megaphone (check batteries before race day)?
5. Does your PA system reach your swim start?
6. How are you coordinating the start of duathletes? Indicate where their start line will be on course maps.
7. What is your evacuation plan to move emergency vehicles around the field of play with minimal impact to athletes, spectators and volunteers? Loop your EMS and lifeguards into that plan.
8. What is your plan to communicate with lifeguards and EMS personnel (and have them communicate with each other) during the swim? Are they connected to medical on shore?
9. If you have enough kayaks, consider placing one on the inside of each major turn buoy to ensure no athlete cuts the course.
10. Do your lifeguards have whistles?
11. Do all your swim volunteers in water craft (including lifeguards) have lifejackets?
12. Decisions on wetsuit use will be made by the Head Referee one hour prior to race start - please do not have announcers make wetsuit announcements prior to conferring with the Head Referee.

TRANSITION & FINISH LINE MAP CHECK LIST

Please click next to each item that is included in your map.

- Cardinal directions (N,S,W,E)
- Layout of racks (include which racks are designated to which distance i.e. sprint, standard, try-a-tri, relay)
- Flow of transition - direction cyclists and runners will be moving through transition
- Dimensions of transition area in square meters
- Entrances from swim or first run for duathlon, bike in and out, exit to run
- Mount line - should measure 20cm in width - green
- Dismount line - should measure 20cm in width - red
- Location of duathlon start line (if applicable) and flow
- Volunteer placements
- Location of aquabike finish line and flow from transition
- Volunteer check in area registration area
- Aid stations
- Athlete recovery area medical tent and location
- Ambulance location and planned exit route (if relevant)
- Penalty box location
- Location of penalty box signage
- Announcers area
- Lost and found
- Timing and results tent - location of timing mats/points
- Location, # of toilets/change areas

Things to consider:

1. Do you have a duathlon run start/T1 chute set up?
2. How are aquabike athletes finishing?
3. Is there enough room in your transition area once bikes are set up - recommend 6m between racks.
4. Is your transition fair for all athletes - does everyone travel the same distance?
5. Have you separated and labelled your bike racks per race distance? This is an important safety measure for officials and allows us to track athlete progress on course.
6. Have you provided enough racks for all athletes in each of your distances? Recommend 4 bikes per rack.
7. Have you included race number stickers for bikes as a safety precaution? If a bike is left in transition after the swim, officials can check which athlete it belongs to and make announcements. Stickers should be placed on top tube, close to front wheel on the left side - you may want to add instructions.
8. Is your finish line gantry and chute wide enough to accommodate all athletes? Recommend 5m width with 2.75m height.
9. How are spectators separated from athletes/volunteers/timing personnel at the finish line?

BIKE COURSE

Cycle Distance: 10 km 15 km 20 km 40 km 90 km
(Check all that apply) Other: _____

Surface Type: Paved Stone Gravel Dirt
(Check all that apply) Other: _____

Vehicular traffic density: Light Moderate Heavy

Are there shoulders? Yes No **Width in meters:** _____ m
Are they paved? Yes No

How will the course be measured? _____

How are cyclists separated from vehicle traffic? _____

Does course impact residential/business areas? Yes No

If yes, how will they be notified: _____

When and how will roads/corners be swept? _____

What kinds of signs will be posted on the course and where - please show on map (i.e. Race in Progress, Watch for Cyclists, etc.)?

How are all intersections with stop signs or stoplights controlled?

(TIP: keep in mind driveways, parking lots and other points where cars may merge onto race course)

Number of police/highway patrol: _____

Number of volunteers: _____

Explain check-off system to account for all cyclists while on the course (i.e. at turn around):

What type of lead and trail vehicle or alternative is being used?

Identified Hazards (i.e. bridges, RR tracks, sharp turns, potholes, etc.)

How are all turnarounds, hazards, etc. monitored and marked?

Does your bike course have a cut off time? Yes No

If yes, please identify the time: Sprint: _____

Olympic: _____

Other: _____

Are there water bottle exchanges on course? Yes No

If so, at what km marker? _____

Number, location (on map), and type of communications systems used:

Radios: _____ Cells: _____

(TIP: Please provide key contact phone numbers for race day to volunteers and officials)

ADDITIONAL INFORMATION:

| |
|--|
| |
|--|

Please include any other important information or comments:

| |
|--|
| |
|--|

PLEASE SUBMIT A CYCLE COURSE MAP AS PART OF YOUR SANCTIONING PACKAGE.

CYCLE COURSE MAP CHECK LIST

Please click next to each item that is included in your map.

- Cardinal directions (N,S,W,E)
- Cycle course flow/direction
- Street names and major intersections identified
- Bike start
- Bike finish
- Intersections
- Turnarounds
- Kilometer markers/distance
- Course signage and placement
- Volunteer and police/safety personnel placement
- Possible road hazards (i.e. Railroad tracks, bridges, sharp turns)
- Race signage and placement
- Aid stations/bottle exchanges with km markers (if relevant)
- Penalty box placement and signage (if relevant)
- Radio/cell phone locations
- Ambulance placement (if applicable)
- Timing and audit points

Things to consider:

1. The bike and run courses must not cross each other.
2. Keep in mind public traffic – develop a plan for managing vehicles on the course. Try to have athletes off the course prior to peak traffic times.
3. When designing your course, anticipate how you can move emergency vehicles with minimal impact to athletes, volunteers and the public.
4. When designing your course keep in mind where spectators will gather to watch or may potentially cross over the course – how will this be controlled/managed? Especially in provincial parks where campers are present.
5. When recruiting motorcycles for officials, please remember motorcycles must be a minimum of 600cc and ask driver to provide an extra helmet for the official. Minimum 2 motorcycles is recommended with no more than 4 on course at any given time. Please provide [motorcycle guidelines](#) to your drivers – document can be found on Triathlon Manitoba website.
6. Bonus for athletes if you can use a Google Earth link or video to showcase your course beforehand on your website. Google Earth also shows elevation profiles.

RUN COURSE

Run Distance: 2 km 3 km 4 km 5 km 10 km
(Check all that apply) 21 km Other: _____

Surface Type: Paved Stone Gravel Dirt
(Check all that apply) Other: _____

Road Contour: Hilly Flat
(Check all that apply) Other: _____

How is course measured? _____

How is course marked? _____

Does the run course parallel the cycle course? Yes No

Does the run course intersect the cycle course? Yes No

Traffic controls: Closed to traffic _____ %

Open to traffic _____ %

How much of the road is devoted to runners? _____

How are runners separated from cyclists/cars? _____

What kind and number of signs will be posted on course (i.e. Watch for Runners, etc.)? (please show placement on run map)

Explain check-off system to account for all runners while on the course (i.e. at turn around):

Will you have a trail cyclist? Yes No

(TIP: All cyclists on course must wear helmets.)

Are all intersections with stop signs or stoplights controlled by police/volunteers?

Yes No

(TIP: keep in mind driveways, parking lots and other points where cars/pedestrians may merge onto race course)

Total number of police: _____

Total number of volunteers: _____

Number of aid stations on course: (show placement/distance on map)

What is provided to athletes at aid stations? _____

Do you have first aid supplies at aid stations? Yes No

Number, location (on map), and type of communications systems used:

Radios: _____ Cells: _____

(TIP: Please provide key contact phone numbers for race day to volunteers and officials)

ADDITIONAL INFORMATION:

Please include any other important information or comments:

PLEASE SUBMIT A RUN COURSE MAP AS PART OF YOUR SANCTIONING PACKAGE.

RUN COURSE MAP CHECK LIST

Please click next to each item that is included in your map.

- Cardinal directions (N,S,W,E)
- Run course directions and flow
- Street names and major intersections identified
- Unusual hazards/features marked i.e. Stairs
- Distance markers every 1 km
- Transition area exit to run
- Start of run for duathlons (if applicable)
- Finish line
- Aquabike finish route
- Intersections
- Volunteer placements
- Location of radio/cell phones
- Aid stations and km distance between, and from start, and finish of run
- Location of race in progress signs, km markers – if used
- Ambulance entry/exit point if needed
- Timing and audit points

Things to consider:

1. Kilometer signs on the course are a bonus for athletes.
2. Aid stations should be set up with water first, then sports drink (if used), followed by ice or sponges (if used).
3. If the weather is expected to be hot (+26C or above), ice at the aid stations and in athlete recovery (or cold towels) are an excellent idea to keep athletes safe.
4. If the weather is predicted to be cold (+17 or lower), hot drinks (or soup) in athlete recovery is a good idea. Be prepared to accommodate more athletes in medical or recovery areas in the case of cold, wet or hot weather.
5. Small first aid kits at the aid stations are a great idea (bandages, antiseptic spray, alcohol wipes, bug spray, glucose tablets etc.).
6. Recommend Finish chute be a minimum of 5m wide.
7. Bonus for athletes if you can use a Google Earth link or video to showcase your course beforehand on your website. Google Earth also shows elevation profiles.

Overall Course Map Check List

Please click next to each item that is included in your map.

- Cardinal directions (N,S,W,E)
- Swim course – flow and direction
- Bike course - flow and direction
- Transition area – entrance/exits/flow
- Run course - flow and direction
- First run for duathlons
- Start line (for swim and duathlon)
- Finish line
- Finish line flow for aquabike
- Registration
- Area medical area
- EMS placement/evacuation point for swim
- Timing area
- Results area
- Awards area
- Toilets and change rooms
- Athlete recovery/post- race food area/massage
- Sponsor tents
- Lost and found
- Announcer area

Things to consider:

1. Have you given thought to spectator areas/movement on the course?
2. Do you have an area where athletes can store warm up gear during the race (bag drop zone)? Secured athlete gear tent for larger races or races where athletes' cars are parked far away are recommended.
3. Ensure all key volunteers and officials have a list of contact numbers for race day.
4. Please remember to include officials in your volunteer count – treat them as you would your volunteers. Officials are not paid but volunteer their time.

EMERGENCY MEDICAL PLANS

Medical Coordinator: _____

Phone: _____

Email: _____

Doctor

EMT

Nurse

Other: _____

Who makes the final medical decisions? _____

Has the Medical Coordinator reviewed the application? Yes No

If no, date when it will be reviewed? _____

Number of medical staff:

MD's: _____

RN's: _____

EMT's: _____

Other: _____

What supplies are available at the medical tent? _____

At aid stations? _____

Location of medical tent? (Please mark on map.) _____

Do you have copies of the Triathlon Manitoba Medical incident report on hand for race day?

Yes No

How is the medical staff included in the communications network?

Radio: Yes No

Cell: Yes No

Are EMTs aware of ambulance routes? Yes No

Are EMTs aware of evacuation point for swim course? Yes No

Name of ambulance service:

(TIP: position ambulance near medical tent where they can move if necessary with minimal impact to FOP operations - this reduces impact to athletes/spectators and facilitates quicker response times)

Number of ambulances available for the event:

Dedicated _____

On Call: _____

:

Name of nearest hospital: _____ Phone: _____

Distance to nearest hospital: _____ Km

Has hospital been notified of event date and times? Yes No

Please attach notification letter to sanctioning document.

What are the swim rescue procedures? Evacuation point?

Are medical in communication with lifeguards? Yes No

Please explain how: _____

Describe procedure for transportation of injured to hospital:

Emergency: _____

Non-emergency: _____

What mechanisms are in place to identify athletes with potential health issues (i.e. race registration form, back of bibs etc.)?

Will this information be available to EMTs if required on race day?

Yes No

Explain contingency plans in case of unexpected circumstances, such as bad weather, etc. :

*(**TIP:** the Head Referee will assist with decisions to shorten or cancel races using air/water temperature tables developed by ITU):*

Medical Coordinator signature: _____ **Date:** _____

Triathlon Event - Medical Incident Report

(Have copies with you on site to fill out if required and please submit by email immediately after event to Triathlon Manitoba)

Event Name & Date: _____

Time: _____

Location: _____

Name: _____

Age: _____

Gender: _____

Address: _____

Phone no: _____

Guardian contacted: _____

Medical history indicated on waiver: _____

Event day indication of symptoms or medication taken:

On-site first aid performed by: _____

Exactly what first aid was performed:

EMS contacted: _____

Police report #: _____

Hospital name: _____

History: What happened? Give full details. Include information on where exactly the incident occurred, where volunteers were, number of individuals in the general area of the incident. State the environmental conditions if they were a factor. Use the back of the report for further information and diagrams if required.

Any witness(s) names, phone number, email address:

Follow-up - Did someone call or go to hospital if needed? Condition of individual?

Report completed by: _____ **Date:** _____

RACE DIRECTOR COMMENTS & CHECK LIST

Use this space to include any information not specifically requested, but that you feel is relevant, or to make comments, requests or suggestions:

Things to remember:

- Have you included all 5 maps of your race course (swim, transition, bike, run and overall)?
- Has your medical coordinator signed off on medical plans? It is important to have one designated person from the LOC to serve as the on-site medical liaison (not race director) even if medical decisions will be made by another party.
- Have you prepared copies of the Medical incident report for race day for your Medical Coordinator?
- Have you included \$500 deposit with your race sanctioning package?
- Do you have copies of all required permits and licenses to hold this event? Please have on hand on race day.
- Have you attached the copy of the letter notifying the nearest hospital of your event?

Things to consider:

1. The \$500 deposit submitted with the Race Sanctioning application will also act as the equipment deposit. This deposit is to ensure all equipment is returned in a timely manner and in good working order. We understand that on occasion equipment breaks or is damaged through use – please notify the Equipment Manager if something is not in working order so repair/replacement can be made prior to the next race's use of equipment.
2. All sanctioning fees plus one day membership fees are to be submitted to Triathlon Manitoba within 60 days after your event.
3. Please remember to submit your post-race event report within 60 days of your event. See "Post-Event Sanctioning Submission" under Race Sanctioning at www.triathlonmanitoba.ca/coaches-officials/

Important contacts

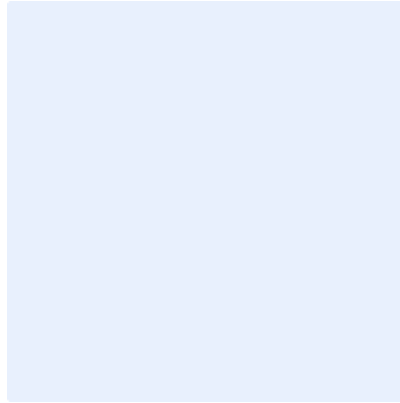
Check the Triathlon Manitoba website for contact information regarding Head of Sanctioning, Head of Officials, Equipment Manager, etc.

<https://www.triathlonmanitoba.ca/coaches-officials/>

WAIVER FORMAT FOR USE

(This waiver form must be used for all sanctioned races – failure to use this waiver form makes void all insurance coverage under this sanctioning agreement)

This section is where each race would put their logo and registration information.
(i.e. name/address/birth date, email, phone & application info (i.e. categories, costs), and mailing address.)



| |
|--|
| |
|--|

Consent for use of personal information

I understand the gathers personal information about each of its participants, including name, address, email, sex, age, and birth date. This information is used for the purposes of ensuring that each participant competes in the appropriate age group, and that their name and club will be listed in that age group in the results which are posted on Triathlon Manitoba's and the [Click here to enter text.](#) website. The information is also used by Triathlon Manitoba for annual demographic reporting and to communicate with participants about Triathlon Manitoba programs, events and activities. The [Click here to enter text.](#) also requests medical information and emergency contact info to use in case of a medical emergency. I have read and understood Triathlon Manitoba's policy on privacy. I am aware that by giving this consent, I am permitting personal information about me to be posted to Triathlon Manitoba's website and publications, which can be viewed by anyone who accesses Triathlon Manitoba's website or publications.

I accept the use of my personal information for the above purposes.

Initials: _____

Consent for emergency medical treatment

I, _____, give permission to the staff to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand that the [Click here to enter text.](#) staff will make every reasonable effort, in the circumstances, to reach my emergency contact regarding my medical status in the event an emergency arises. In the event that my contact cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

I wish the staff to be aware of the following medical problems: *(i.e. medications, allergies or past medical event histories):*

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the staff.

Signature: *If under 18, a parent/guardian MUST sign.* _____ **Date:** _____

WAIVER AND RELEASE FROM LIABILITY

THIS IS A BINDING LEGAL AGREEMENT. BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS. PLEASE READ CAREFULLY AND SIGN.

Awareness and acknowledgement of risks

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the sports of triathlon, duathlon and multisport related activities that may result in personal injury, death, property damage, expense and related loss to myself. The risks and hazards of triathlon, duathlon and multisport include, but are not limited to injuries as a result of:

- Entering the water by either diving, running or jumping;
- Spending extended times in pools or lakes including bacterial infections and rashes;
- Physical contact with other participants while swimming including crowding, pushing, kicking and punching;
- Water conditions such as currents, waves, water temperate and water clarity;
- Physical contact with pool walls or lake/river rocks and bottoms;
- From one's failure to stay within the designated course area while swimming, cycling and running;
- Physical contact with other participants while cycling and running;
- Road and/or trail conditions, terrains and vehicular traffic while cycling and running;
- Falling during bicycle mounts or dismounts, or while cycling or running;
- Failure to properly use any equipment, the mechanical failure of any piece of equipment or inadequate safety equipment, improper maintenance or adjustment of equipment;
- Strenuous cardiovascular workouts, and/or exerting and stretching various muscle groups;
- Psychological factors such as anxiety;
- Changing weather conditions;
- Dehydration and/or fatigue; and
- Negligence of other participants.

I agree to the above terms

Initials: _____

Acceptance of terms and conditions

In consideration of the acceptance of my entry in the [Click here to enter text](#). I agree as follows:

1. I will comply with all the rules and regulations of Triathlon Manitoba, Triathlon Canada, the International Triathlon Union, and the event instructions of the organizers and officials.
2. I am aware of Triathlon Manitoba's bylaws and policies (which can be found at www.triathlonmanitoba.ca/resources) and agree to be bound by them.
3. I have sole responsibility for my personal possessions and athletic equipment during the [Click here to enter text](#). and its related activities.
4. I attest that I am physically fit and can complete the [Click here to enter text](#).
5. I grant full permission for [Click here to enter text](#). or Triathlon Manitoba to use my photographs as part of the event website photo gallery.
6. That in the event of a race cancellation due to a storm or other "force majeure" my entry fee will be non-refundable.

I agree to the above terms

Initials: _____

Waiver and release from liability

In consideration of my participation in [Click here to enter text.](#), I for myself, my heirs, executors, and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Triathlon Manitoba, [Click here to enter text.](#), <club name>, their directors, officers, members, employees, coaches, officials, volunteers, race directors/organizers, agents, sponsors, funding partners, and owners/operators of the facility/venue, FROM ANY AND ALL CLAIMS AND DAMAGES I may have against them, their representatives, successors and assigns, in respect to death, illness, injury, or loss or damage to my person or property, HOWEVER CAUSED, that I may sustain as a result of my participation in this event, AND NOTWITHSTANDING that the loss may have been contributed to or occasioned by the negligence of any one or more of the above named.

I further acknowledge and understand that insurance coverage for this event does not provide me with personal accident insurance coverage and that I am responsible to obtain my own personal accident insurance coverage should I wish to be eligible for accident benefits that are in excess of those currently covered through my provincial or private health insurance plan(s).

- By submitting this entry, I acknowledge having read, understood and agreed to the above awareness and acknowledgment of risks, terms and conditions and waiver and release from liability and have executed this agreement voluntarily.

Please print name clearly: _____

Signature: *If under 18, a parent/guardian MUST sign.* _____ **Date:** _____

SANCTION AGREEMENT

**PLEASE READ THIS AGREEMENT CAREFULLY.
YOUR SIGNATURE BELOW ACKNOWLEDGES YOUR UNDERSTANDING OF THE
AGREEMENT.**

I, the undersigned, as the duly authorized race promoter/director, have read and agreed with all Management and Race Sanctioning Criteria, Safety Standards, and Competitive Rules, and agree to abide by and enforce all rules and regulations and decisions of Triathlon Manitoba/Triathlon Canada. I further understand and agree that the standards and conditions set forth by Triathlon Manitoba in this sanctioning application are minimums and that special or unusual conditions may require further precautions and actions in the interest of safety.

In consideration of receiving event sanctioning and insurance from Triathlon Manitoba, it is hereby agreed that the undersigned, the race promoters, sponsors, organizers, and any and all entities involved with the production of this event, jointly and severally agree to defend, to hold harmless, and to indemnify Triathlon Manitoba and its officers, directors and agents connected with the organization and conduct of a sanctioned event, against any and all cost, claim, legal expenses and liabilities which are connected with or arise directly or indirectly out of the preparation for or conduct of this event(s): to cooperate with Triathlon Manitoba and its agents in the event of any personal injury or other legal action(s) arising out of this event; and to keep race records and releases for four (4) years after the event and to make the same available at all times to Triathlon Manitoba. It is understood and agreed that Triathlon Manitoba makes no warranties, expressed or implied to the promoting organization of promoter, to competitors, to spectators, or to any other person or entity.

It is further agreed that I will fully uphold and comply with Triathlon Manitoba/Triathlon Canada Competitive Rules. Any requests for additions or exceptions to the competitive rules have been submitted in writing to Triathlon Manitoba. If a certified Triathlon Manitoba official is assigned to this event, I agree to cooperate with and enforce all officiating decisions made by the official. If no Triathlon Manitoba officials are provided, I will provide volunteers to enforce Triathlon Manitoba Competition Rules.

I agree to distribute prize money, if any, equally to all qualified men and women participants. I agree to pay, in full, the amount of prize money listed in this sanction application. If notified by Triathlon Manitoba at any time, I will allow doping control at this event and will comply with all doping control requirements set forth by Triathlon Manitoba and Triathlon Canada.

It is further agreed that:

1. All participants/parents/guardians will sign the Triathlon Manitoba Acknowledgment Waiver and Release from Liability form.
2. A copy of all packets, entry forms, results and any other information disseminated to competitors will be approved by Triathlon Manitoba.

3. A complete event post-race report will be submitted to Triathlon Manitoba within 60 days after the event.
 4. I will verify the Triathlon Manitoba membership of all participants and collect all One Day member fees and waivers for those participants not having an annual membership. I will send the single event waivers and monies to Triathlon Manitoba within 60 days after the event.
 5. I will report all medical incidents to Triathlon Manitoba immediately following the event.
 6. I will meet with officials on the event morning to review the race course and confirm the sanctioning criteria.
 7. I will cooperate with officials to solve any concerns of safety or sanctioning as they may arise prior to start or during the event.
 8. I have read and understood Triathlon Manitoba's Sponsorship Policy (not applicable for current race season).
- I agree to the above terms and conditions, and by signing this agreement, am stating that the information in the sanction application is true. I will report any variations in writing.

Please print name clearly: _____

Signature: _____ **Date:** _____